State of California—Health and Welfare Agency Form Approved OMB No. 2050—0039 (Expires 9-30-91) Department of Health Services Toxic Substances Control Division See Instructions on Back of Page 6 Please print or type. (Form designed for use on elite (12-pitch typewriter). and Front of Page 7 Sacramento, California UNIFORM HAZARDOUS 1. Generator's US EPA ID No. Manifest 2. Page 1 information in the shaded areas WASTE MANIFEST CIAID1918121011181712 of 7 010101214 is not required by Federal law. 3. Generator's Name and Mailing Address A. State Manifest Doc COMPETITIVE TRAILERS 8832 Ramona St., Bellflower, CA 90706
4. Generator's Phone (213 634-2006 B. State Generator's ID 5. Transporter 1 Company Name US EPA ID Number C. State Transporter's ID 010788 7. Transporter 2 Company Name D. Transporter's Phone ICIAID19181116181612141 US EPA ID Number E. State Transporter's ID F. Transporter's Phone 9. Designated Facility Name and Site Address US EPA ID Number G. State Facility's ID OMEGA RECOVERY SERVICES C|A|D|0|4|2|2|4|500 12504 E. Whittier Blvd. H. Facility's Phone Whittier, CA 90602 CAD042245001 213) 698-0991 13. Total Quantity 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) Unit Waste No. No. Тура Wt/Ve State 00 WASTE, FLAMMABLE LIQUID N.O.S. UN1993 214 GENER D M G DOM FOO5 -8802: EPA/Other 1-800-424 State EPA/Other CENTER EPA/Other RESPONSE J. Additional Descriptions for Materials Listed Above Handling Codes for Wastes Listed Above b. DEEX CANDIDES X EXECUTED AS A SECOND 0 C. d. WASTE THINNER NATIONAL 15. Special Handling Instructions and Additional Information 뿚 USE GLOVES & GOGGLES CALL GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. SPILL, If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. OR EMERGENCY Printed/Typed Name Signate Year 77. Transporter 1 Acknowledgement of Receipt of Materials AN Printed/Typed Name Signature Year 9 EDDIOR TORRES 18. Transporter 2 Acknowledgement of Receipt of Materials CASE Printed/Typed Name Signature Month Day Year 19. Discrepancy Indication Space 20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

DHS 8022 A (1/88)

EPA 8700—22 (Rev. 9-88) Previous editions are obsolete.

Do Not Write Below This Line

White: TSDF SENDS THIS COPY TO DOHS WITHIN 30 DAYS

To: P.O. Box 3000, Sacramento, CA 95812